

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 150

## 1. PLACE OF BIRTH

County Gila State Ariz.  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

## 2. Full name of child

Millicent Darleen McCarty (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 24, 1930  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## 8. FATHER

Full name Elgin Warren McCarty

9. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

## 10. Color or race

White

11. Age at last birthday 26 (Years)

## 12. Birthplace (city or place)

(State or country)

McCabe Ariz.

## 13. Occupation

Nature of industry

Fireman

## 14. MOTHER

Full maiden name Millicent Inez Holzer

15. Residence (Usual place of abode) Globe Ariz.  
If non-resident, give place and state.

## 16. Color or race

White

17. Age at last birthday 18 (Years)

## 18. Birthplace (city or place)

(State or country)

Glendon Ariz.

## 19. Occupation

Nature of industry

Wife

## 20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

## (a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

## 21. Were precautions taken against ophthalmia neonatorum?

Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11:50 P m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper  
Physician (Physician or Midwife).

Given name added from a supplemental report

Month, day, year

Address Globe, Ariz.

Filed 8/9, 1930 H. E. Lehigh  
Registrar

Registrar

2148 - 724 - 487

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.